
NAME

DATE

**Application for Employment to:
HealthActions P.A.**



Special Skills you possess: _____

Business machines you can operate: _____

Typing: Approximate WPM: _____ Computer Skills: _____
 Long Range Occupational Goals: _____

Do you have any relatives employed with this company? Yes _____ No _____ If so, who? _____

EDUCATION

Name of School Location Dates attended Did you graduate? Major Subjects/Degree

Name of School	Location	Dates attended	Did you graduate?	Major Subjects/Degree

(Amount of education will be considered along with other objective criteria.)

EMPLOYMENT HISTORY

List all current and previous employers for whom you have worked during the last five years. Explain any lapses between times when employed.

Employer Name and Address Dates Position Salary Reason for Leaving

From To

(Finish)

Employer Name and Address	Dates	Position	Salary	Reason for Leaving
	From To		(Finish)	

If you were employed under a different name, please note.

Comments regarding lapses, if applicable _____

Have you ever been discharged from a job or forced or asked to resign? Yes _____ No _____

If yes, explain. _____

I hereby authorize my current and/or former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

Make any comments you feel we should know when we contact your previous employers.

I hereby state that the information given by me in this application is true in all respects and I am capable of performing the job for which I have applied. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time.

In making application for employment, an investigative report may be made by a consumer reporting agency to include information as to your character, general reputation, personal characteristics, and mode of living, whichever is applicable. If such an investigative report is made, you will receive notice that such a report has been requested. You have the right to make written request for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

If employment is offered, I may terminate my employment at any time without notice or cause; likewise, this company may terminate or modify the employment relationship at any time without notice or cause. In consideration of employment, if offered, I will agree to conform to the rules and regulations of this company.

The needs of this company may make the following conditions mandatory: overtime, shift work, a rotating work schedule, and a work schedule other than Monday through Friday. If employment is offered, then I will accept these conditions of employment.

If employment is offered, I understand that my employment is for no definite period of time and is terminable-at-will. If terminated, **this company** is liable only for wages or salary earned as of the date of termination.

I have read and understand the above and hereby certify that the facts I have provided in my employment application are true and complete.

If I am offered this job, I understand that I will have to undergo testing to ensure my ability to perform the essential elements of the position for which I have applied with or without reasonable accommodations, and I understand that the offer of employment can be rescinded if I am unable to perform the essential elements of the position with or without reasonable accommodation.

Date

Signature

FOR PERSONNEL USE ONLY

Department _____

Interview Date _____

WRITE A ONE PAGE ESSAY ON

“IF I GET THIS JOB I WILL IMPROVE YOUR BUSINESS BY...”